



INDIVIDUAL RESPONSIBILITY PLAN (IRP)

WorkFirst Individual Responsibility Plan for

JAS ID

CASE NUMBER

CLIENT ID

I understand:

- I must cooperate with the Division of Child Support while I receive TANF/SFA benefits unless I have a good reason not to cooperate. Successful collection of child support may help me eliminate my need for cash assistance.
- I can get only 60 months of TANF/SFA cash benefits in my lifetime unless I qualify for an extension.
- I have used _____ months of cash benefits.
- I am required to work, look for work, or prepare for work full time for at least 32 hours a week.
- If I cannot attend a scheduled activity, I will call the person at the number listed below.
- I must do the following activities for the amount of time each week specified below:

VE – Vocational Education

From _____ to _____, I agree to participate _____ hours per week in Vocational Education at the provider listed below.

My case manager and I will review this IRP again before _____.

Provider/School: _____

Address: _____

Contact Name: _____

Contact Phone Number: _____

I agree to attend all scheduled meetings and classes, complete all required assignments, and participate to the best of my ability during the dates indicated.

I have adequate child care and transportation has been addressed.

If I cannot attend class, I will call the contact person at the number listed above on or before the same day and explain why I cannot come in.

I understand that if I do not call in on the same day, it will be considered an unexcused absence and that two unexcused absences in a month may result in sanction.

I understand that I must maintain my employment, internship, or practicum to continue my vocational education.

If there is a good reason I cannot follow my plan, I must contact and work with my WorkFirst Program Specialist/Social Worker as soon as possible. Some examples of good reasons include:

- I missed an appointment due to illness or unexpected failure in my child care or transportation;
- I have an emergency condition (physical, mental, or emotional);
- I am a victim of family violence;
- I cannot find affordable, appropriate child care in my area for children under 13;
- I have an immediate legal problem;
- I have a disability or certain conditions and this has kept me from being able to fulfill the program requirements; or
- I am an adult with a severe and chronic disability;
- I am needed at home to care for a child with special needs or another adult with disabilities;
- I am 55 or older and caring for a child and I am not the child's parent; or
- I am applying for SSI with a DSHS facilitator.

If I disagree with this plan, I have the right to request a case review and/or a hearing. To request a hearing, I must contact my Community Services Office or the Office of Administrative Hearings, DSHS, PO Box 42488, Olympia WA 98504-2488, within 90 days of the date of my case manager's signature below. I have been given a copy of my Individual Responsibility Plan.

CASE MANAGER'S SIGNATURE

DATE

MY SIGNATURE

DATE

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CONFIDENTIAL REQUIREMENTS															
<p>I may be able to get support services to help me advance at my job, keep my job, accept a job, look for a job, or follow my plan. If I disagree with a decision about support services, I may ask for a case review and/or a hearing. I will ask my WorkFirst Program Specialist/Social Worker if I need support services like:</p> <table border="0"> <tr> <td>• Car repair</td> <td>• Diapers</td> <td>• License/fees</td> <td>• Mileage</td> </tr> <tr> <td>• Clothing</td> <td>• Education expenses</td> <td>• Hair cut</td> <td>• Tools for work</td> </tr> <tr> <td>• Counseling</td> <td>• Personal hygiene</td> <td>• Bus passes</td> <td>• Family planning</td> </tr> </table> <p>I understand that I must do required activities. If I don't, I will get a penalty unless I can prove I had a good reason. This is called being in WorkFirst sanction status. If I am sanctioned, this means:</p> <ul style="list-style-type: none"> • My grant will be reduced by 40% or one person's share, whichever is greater. • I must follow my IRP for four weeks in a row to get out of sanction. • Once I do what is required for four weeks in a row, my sanction penalty will be lifted starting the first of the month following my four weeks of participation. • A sanction review panel will review, and may close, my case if I stay in sanction for six months in a row. <ul style="list-style-type: none"> • If my case is closed by a sanction review panel, I will need to reapply and participate for four weeks in a row before I can receive cash. • If my case is sanctioned again, a sanction review board will review, and may close, my case if I stay in sanction for three months in a row. <p>While in sanction, I cannot get support services (such as money for work clothes or transportation) until I start following my IRP.</p> <p>I understand that, if I refuse to cooperate with the Division of Child Support (DCS) without a good reason, my grant may be reduced. Good reasons include the threat of harm to my children or me. I understand that while I am getting TANF assistance, any child support collected is kept to pay back the state.</p> <p>When I stop getting TANF/SFA, DCS will collect child support and send it to me unless I ask them to stop. I understand support services, sanctions, and child support.</p>				• Car repair	• Diapers	• License/fees	• Mileage	• Clothing	• Education expenses	• Hair cut	• Tools for work	• Counseling	• Personal hygiene	• Bus passes	• Family planning
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